



GEORGIA MEDICAID FEE-FOR-SERVICE ANTIPROTOZOALS PA SUMMARY

Preferred	Non-Preferred
Benznidazole generic* Dapsone generic Daraprim (pyrimethamine)* Metronidazole 250 mg, 500 mg generic	Flagyl 375 mg (metronidazole) Metronidazole 375 mg generic Tinidazole generic

*preferred but requires PA

LENGTH OF AUTHORIZATION: Varies

NOTE:

- Benznidazole generic and Daraprim are preferred but requires prior authorization (PA).
- If generic metronidazole 375 mg is approved, the PA will be issued for brand Flagyl 375 mg.

PA CRITERIA:

Benznidazole Generic

- ❖ Approvable for treatment of Chagas disease (American trypanosomiasis, *Trypanosoma cruzi* infection) when diagnosis is confirmed by one of the following tests:
 - ☐ Detection of circulating *T. cruzi* trypomastigotes on microscopy
 - ☐ Detection of *T. cruzi* DNA by polymerase chain reaction assay
 - ☐ Two positive diagnostic serologic tests using different techniques (e.g., enzyme-linked immunoassay, indirect fluorescent antibody) and antigens (e.g., whole-parasite lysate, recombinant antigens) showing IgG antibodies to *T. cruzi*.

Daraprim

- ❖ Approvable for treatment of infant members with congenital toxoplasmosis. Approvable for treatment of older members with toxoplasmosis when used in conjunction with sulfadiazine, or with clindamycin (Cleocin), atovaquone (Mepron) or azithromycin (Zithromax) and when member has experienced allergy, contraindication, drug-drug interaction or intolerable side effect to sulfadiazine.
- ❖ Approvable for primary prophylaxis (prevention) of toxoplasmosis in members with human immunodeficiency virus (HIV) who are *Toxoplasma*-seropositive with a CD4⁺ count of <100 cells/mm³ when used in conjunction with atovaquone or dapsone and with leucovorin and when member has experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to trimethoprim-sulfamethoxazole (Bactrim, Septra, Sulfatrim).
- ❖ Approvable for secondary prophylaxis of toxoplasmosis in members with HIV who are *Toxoplasma*-seropositive with a CD4⁺ count of <200 cells/mm³ when used in conjunction with sulfadiazine and leucovorin, or with atovaquone or clindamycin and with leucovorin and when member has experienced allergy, contraindication, drug-drug interaction or history of intolerable side effect to sulfadiazine.
- ❖ Approvable for prophylaxis of *Pneumocystis pneumonia* (PCP) in immunocompromised members when used in junction with atovaquone or dapsone and with leucovorin and when



member has experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to trimethoprim-sulfamethoxazole.

- ❖ For treatment or prophylaxis of malaria, prescriber must submit a written letter of medical necessity stating the reasons all other antimalarial agents are not appropriate for the member. The Centers for Disease Control and Prevention (CDC) does not recommend the use of pyrimethamine (Daraprim) for the treatment or prophylaxis of malaria.

Flagyl 375 mg and Metronidazole 375 mg Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic metronidazole 250 mg and 500 mg, is not appropriate for the member.

Tinidazole Generic

- ❖ Approvable for members with one of the following diagnoses:
 - Trichomoniasis
 - Bacterial vaginosis
 - Giardiasis
 - Intestinal amebiasis
 - Amebic liver abscess

AND

- ❖ Member must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to metronidazole.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.